

S
362.296
P30AR
2006

Preventing Addiction...

Saving Lives



STATE DOCUMENTS COLLECTION

DEC 13 2006

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

"Although great progress has been made, a challenge remains...we all need to strengthen our efforts to prevent young people from starting to smoke and encourage smokers of all ages to quit."

Richard H. Carmona, MD, MPH, FACS,
U.S. Surgeon General (2002-06)

Montana Tobacco Use Prevention Program ***2006 Annual Report***

[For the Period July 1, 2005 – June 30, 2006]

Introduction

Montana State Library



3 0864 1003 9327 4



Contents

Introduction	1
Program Highlights	2
Why Tobacco Prevention? An Overview	3
Tobacco Economics	5
Keeping Kids Tobacco-Free	7
Montana's Community & Tribal Tobacco Prevention Programs	9
Eliminating Secondhand Smoke	11
Ending Tobacco Addiction	13
Eliminating Disparities.....	15
An Emerging Health Threat	17
Measuring Program Progress and Looking to the Future	18

A Message from Governor Schweitzer

Montana's Tobacco Use Prevention Program is part of Montana's healthy future.

On the day I was inaugurated as governor, I promised to take care of every Montanan, and that is why I am so proud of the Montana Tobacco Use Prevention Program. This critical program prevents addiction and reduces the burden of tobacco-related disease. Ultimately, Montana's tobacco prevention program saves lives.



Healthy Montanans, especially our precious youth, are paramount to Montana's future. With continued strong leadership, Montana will overcome the enormous burden that tobacco addiction causes. We will protect our young people from becoming addicted to cigarettes and spit tobacco, and reduce the incidence of cancer, heart disease, and emphysema. We will protect Montanans from secondhand tobacco smoke. Hundreds of millions in healthcare dollars and lost wages will be saved, and every Montanan ultimately will be better off as a result of these efforts.

I congratulate the many people who have made the Montana Tobacco Use Prevention Program a success, I ask them to continue to address the challenges that tobacco use presents, and I pledge my continued support as governor of this great state.

Brian Schweitzer, *Governor of Montana*

Montana must reduce the unnecessary deaths and financial costs caused by tobacco addiction.

Our mission at the Department of Public Health and Human Services is to protect the health, well-being, and self-reliance of all Montanans. One of the greatest challenges we face in fulfilling that mission is to prevent tobacco addiction among our residents.

Tobacco is highly addictive, and it is the number one cause of preventable death among Montanans. Tobacco kills nearly 1,500 of our friends, family, and neighbors every year. I'm proud to say that Montana is one of the nation's leaders in combating tobacco use.

Our Montana Tobacco Use Prevention Program (MTUPP) uses scientifically proven methods as it works toward two important goals: preventing our youth from beginning to use tobacco and helping Montanans who are addicted to quit.

As you read this description of our work in the past year, ask yourself whether you tolerate tobacco in your life, as either a user or someone who is affected by secondhand smoke. Would you like to loosen tobacco's hold? If so, write to me directly or contact any of our dedicated MTUPP staff. We can help.

Joan Miles, *Director*

Department of Health and Human Services



Program Highlights

MISSION: A Tobacco-Free Montana

The mission of Montana's Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP will work to eliminate tobacco use, especially among young people, via programs and policies throughout Montana.

SIGNIFICANT PROGRESS

Fiscal Year (FY) 2006 was a period of tremendous growth for MTUPP, marked by a significant program budget increase, expanded staff, new partnerships with agencies and organizations, and enhanced statewide public education. Local tobacco use prevention programs served more than 90 percent of Montanans in forty-one counties, on seven Native American reservations and among the Little Shell Tribe, and at four urban Indian centers.¹

Recent advancements made in tobacco use prevention include:

1. Youth tobacco use is down.

- ♦ *Youth smoking rates are down from 27 percent to 19 percent since 2000.²*

2. Overall tobacco consumption is down.

- ♦ *Montana Tobacco Tax insignia sales decreased from \$69 million in December 2004 to \$41 million in December 2005, indicating a sharp decline in overall consumption.*

3. More than 10,000 Montanans have called the Montana Tobacco Quit Line since May 2004 for help with tobacco addiction, and more Montanans than ever before are quitting tobacco.³

- ♦ *When Montanans quit tobacco, healthcare costs go down, health improves, and lives are saved.*

4. More Montanans are breathing smokefree air.

- ♦ *MTUPP coordinated statewide implementation and enforcement of the Clean Indoor Air Act.*

Challenges

- ♦ *Fifteen hundred Montanans die each year from diseases related to tobacco addiction.⁴*
- ♦ *Tobacco addiction costs Montana more than \$250 million per year in healthcare dollars.⁴*
- ♦ *More than one quarter of Montana high school seniors are smokers by the time they graduate.²*
- ♦ *The tobacco industry continues to market candy-flavored cigarettes, cigars, and spit tobacco to children⁵, and it has made its products more addictive by increasing nicotine levels.⁶*
- ♦ *The rate of smoking for Montana women of childbearing age is among the highest in the nation.⁷*
- ♦ *Montana's Native Americans use commercial tobacco products at rates far higher than the Montana population as a whole.⁸*
- ♦ *Montana men use spit tobacco at almost double the national rate.⁹*
- ♦ *Some Montanans are still exposed to the harmful effects of secondhand tobacco smoke where they work and live.^{3,9}*

As Montanans working together, we can continue to make a difference.

Why Tobacco Use Prevention?

Tobacco-Caused Illness and Disease¹⁰

Heart & Circulatory Diseases

- ♦ Heart attack
- ♦ Stroke
- ♦ Abdominal aortic aneurysm
- ♦ Atherosclerosis
- ♦ Altered vascular properties

Cancers of the:

- ♦ Bladder
- ♦ Blood (Leukemia)
- ♦ Breast
- ♦ Cervix
- ♦ Esophagus
- ♦ Kidney
- ♦ Larynx
- ♦ Lung
- ♦ Mouth/Oral Cavity
- ♦ Nose/Sinuses
- ♦ Pancreas
- ♦ Stomach

Respiratory Diseases

- ♦ Asthma
- ♦ Bronchitis
- ♦ Chronic obstructive pulmonary disease
- ♦ Pneumonia
- ♦ Middle ear infections
(particularly in children)
- ♦ Chronic respiratory problems

Impacts on Reproduction/Development

- ♦ Fetal Growth: Impaired lung growth and low birth weight
- ♦ Pregnancy complications
(e.g. preterm delivery)
- ♦ Reduced fertility
- ♦ Sudden infant death syndrome (SIDS)

Dental and Gum Diseases

- ♦ Including premature loss of teeth

Premature Aging

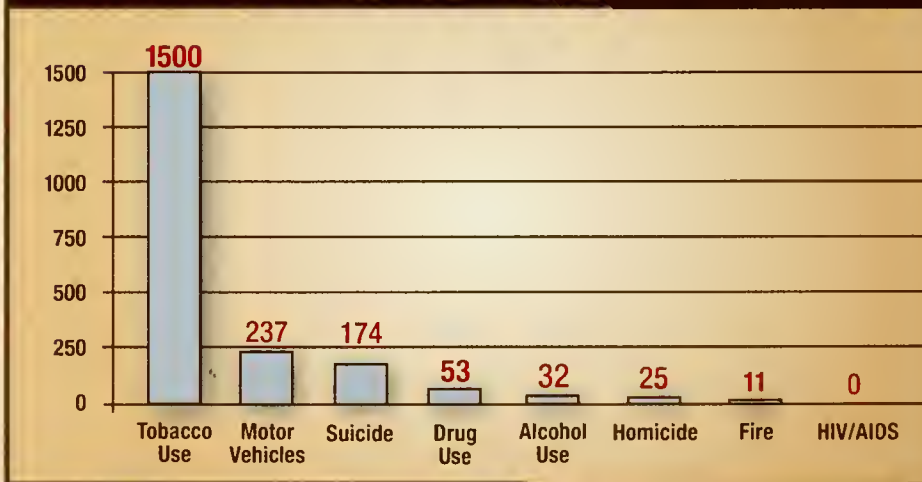


Tobacco Use: A Public Health Crisis

Tobacco addiction is the number one cause of preventable death in America today, killing nearly 1,500 Montanans annually, causing one out of five deaths.^{4,11} Substantially more Montanans die from tobacco-related illnesses than from motor vehicle accidents, suicide, drug and alcohol use, homicide, fire and HIV/AIDS combined.^{4,10,11}

- ♦ In 2005, 18 percent of Montana adults were daily smokers, including 32 percent of Native Americans.^{8,9}
- ♦ Thirteen percent of Montana men used spit tobacco.⁹
- ♦ Tobacco addiction usually starts during childhood, before the age of eighteen.¹²
- ♦ Nineteen percent of Montana youth smoke, and 15 percent of boys use spit tobacco. Considering 12th graders only, 28 percent of youth are smokers, and 27 percent of senior boys use spit tobacco.^{2,13}

Preventable Causes of Deaths (Montana, 2004)



An Overview

Stopping Tobacco Use in Montana

MTUPP, a key program within the Public Health and Safety Division of the Department of Public Health and Human Services (DPHHS), receives guidance and advice from the statewide Tobacco Prevention Advisory Board. Using scientifically proven best practices, the Advisory Board developed a comprehensive tobacco use prevention plan that guides MTUPP through 2010. MTUPP's goal is to reduce disease, disability, and death related to tobacco use by:

- ♦ *preventing youth from beginning a lifetime of addiction to tobacco products;*
- ♦ *helping people already addicted to tobacco to quit;*
- ♦ *eliminating exposure to the hazardous effects of secondhand smoke;*
- ♦ *changing the way tobacco is used, sold, and promoted in Montana;*
- ♦ *addressing all forms of tobacco, including cigarettes, spit tobacco, cigars, pipe tobacco, biddies, snuff, and any nicotine delivery devices that are not related to nicotine replacement therapy;*
- ♦ *eliminating disparities related to tobacco use and its effects among Montana's women of childbearing age, Native Americans, low-income residents, and individuals who use spit tobacco.*

Montana's Tobacco Control Policies Earn High Marks

Montana has taken a strong stand against tobacco use, with the Clean Indoor Air Act that provides for smokefree workplaces and tobacco-free schools, an aggressive tobacco tax, and a financial commitment to MTUPP. In its 2005 annual report, *State of Tobacco Control*, which grades each state's progress on key tobacco control policies, the American Lung Association ranked Montana in the top tier of states nationwide for its tobacco policies on:

- ♦ *tobacco prevention and control spending*
- ♦ *cigarette excise taxes*
- ♦ *smokefree air¹⁴*

To effectively implement these policies, MTUPP joins with the Montana Departments of Revenue and Justice to cooperatively administer and enforce tobacco-related laws and taxes. Currently, these agencies are addressing illegal Internet sales of untaxed tobacco products and out-of-state tobacco purchases.

A Cooperative, Statewide Approach

MTUPP, with the involvement of the Tobacco Prevention Advisory Board, leads a comprehensive, statewide approach to reduce tobacco use in our state. Several professional, local, and state organizations, along with several government agencies, collaborate with MTUPP:

- ♦ *American Heart Association*
- ♦ *American Lung Association of the Northern Rockies*
- ♦ *American Cancer Society*
- ♦ *County health departments*
- ♦ *Montana Native American tribes and urban Indian centers*
- ♦ *Montana universities and colleges*
- ♦ *Montana Cancer Control Coalition*
- ♦ *Department of Revenue*
- ♦ *Department of Justice*
- ♦ *Office of Public Instruction*
- ♦ *Addictive and Mental Disorders Division, DPHHS*
- ♦ *Montana Diabetes Project, Chronic Disease Prevention & Health Promotion, DPHHS*
- ♦ *Cardiovascular Health Program, Chronic Disease Prevention & Health Promotion, DPHHS*
- ♦ *Montana Comprehensive Cancer Program, Cancer Control, DPHHS*
- ♦ *Injury Prevention Program, Emergency Medical Services & Trauma Systems Section, DPHHS*
- ♦ *Women's and Men's Health Section, Family & Community Health, DPHHS*
- ♦ *Oral Health Program, Family & Community Health, DPHHS*

“Tobacco addiction is the leading cause of preventable death, killing four Montanans every day, causing disease and disability for even more, and costing all Montanans an estimated \$250 million every year in excess healthcare costs.”

Steven D. Helgersen, MD, MPH, State Medical Officer, Montana Department of Public Health and Human Services

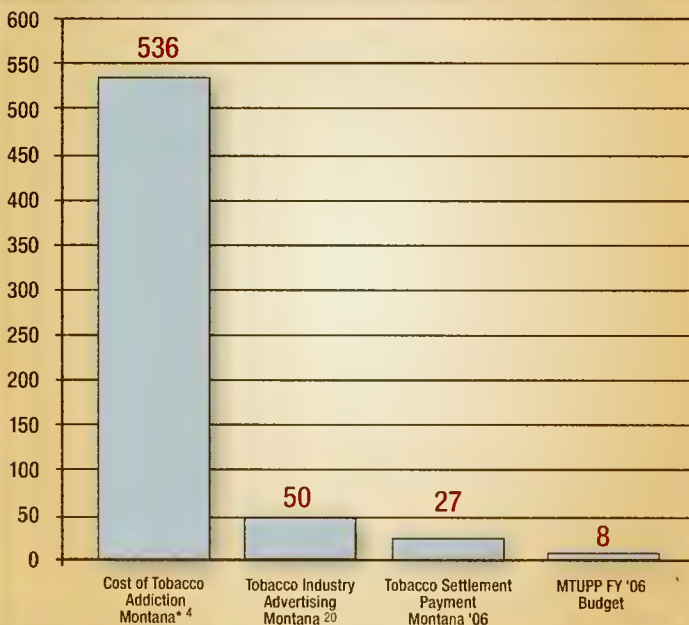
Tobacco Economics

The Real Price Montanans Pay for Tobacco



White crosses, representing the annual Montana death toll from tobacco-related illnesses, were displayed at the HELP Committee and Boys and Girls Club of Hi-Line in Havre, as part of the annual Kick Butts Day activities observed nationwide on April 5.

MTUPP FY 2006 Budget vs Tobacco-Addiction Costs, MSA Payments, and Tobacco Industry Advertising Expenditures (in Millions of Dollars)



* Tobacco-related costs are defined as the estimated excess healthcare costs combined with the lost productivity due to illness and premature death attributable to tobacco-related diseases.

Master Settlement Agreement Payments

The State of Montana has received annual payments in amounts ranging from \$25 to \$30 million as a result of the 1999 Tobacco Master Settlement Agreement (MSA). Under the MSA, tobacco companies are required to make payments to states to allow them to recover some of the healthcare costs caused by tobacco use. Though MTUPP was established just months after the MSA was signed, its funding fluctuated dramatically in the ensuing years, from a low of \$385,000 during FY 2002 to its current high of \$8 million for FY 2006.

In November 2002, Montana citizens passed Initiative 146, earmarking 32 percent of MSA funds for a statewide tobacco prevention program, designed to prevent children from starting tobacco use and to help adults who want to quit. The measure also re-established the state Tobacco Prevention Advisory Board. Currently, Montana ranks 11th nationwide in terms of committing resources such as MSA dollars toward funding recommended by the national Centers for Disease Control and Prevention (CDC) for comprehensive tobacco use prevention programs.¹⁵

Stopping Tobacco Addiction

A Comprehensive Approach Is Key

The Montana Tobacco Use Prevention Program is based on scientifically proven methods including the nine essential program components recommended by the CDC.¹⁶ MTUPP's comprehensive approach helps alleviate the short- and long-term public health crisis caused by tobacco addiction.

Recommended Funding

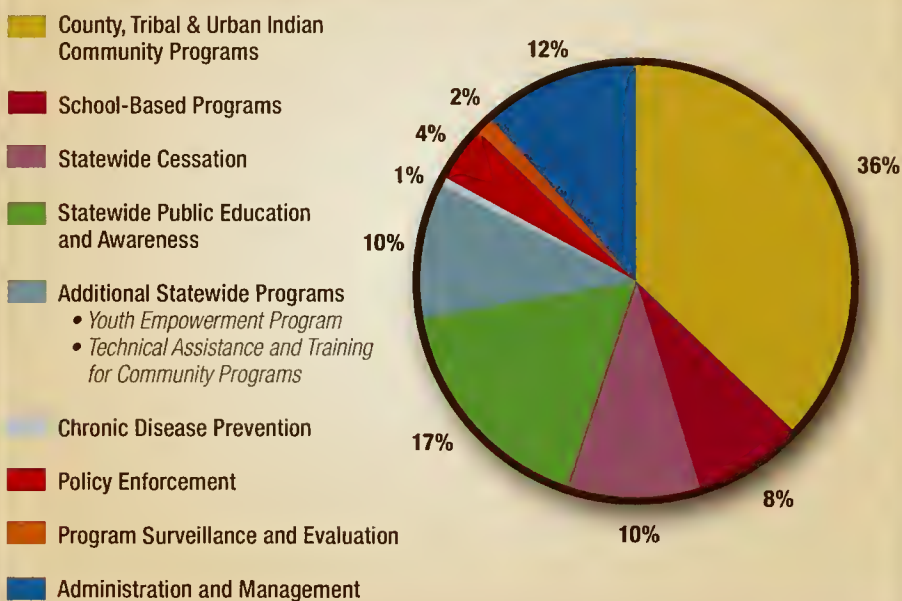
To fund a comprehensive program, the CDC has recommended that Montana annually spend between \$9.3 million (*the minimum*) and \$19.7 million (*the optimum amount*).¹⁶ In FY 2006, MTUPP's \$8 million budget was approximately 86 percent of the CDC minimum recommendation. Funding sources included \$6.9 million appropriated by the Montana Legislature from funds Montana received from the MSA with tobacco companies and \$1.1 million from the CDC.



Higher cigarette taxes reduce smoking among youth and adults.

MTUPP FY 2006 Funds Distribution

Nine Essential Program Components



A Note on Cigarette and Tobacco Taxes

Cigarette and tobacco taxes provide an effective deterrent to tobacco purchases, particularly among youth. An estimated 250,000 fewer packs of cigarettes are purchased monthly by smokers since Montana voters passed I-149 in 2004, raising cigarette and tobacco taxes. That initiative raised cigarette taxes to \$1.70 per pack, levied a tax of 85 cents per ounce on snuff, and imposed a tax of 50 percent of the retail value for all other tobacco products.¹⁷

Montana collected an estimated \$82.1 million in FY 2006 from cigarette and other tobacco taxes. Montana's cigarette tax ranks the eighth highest nationwide.¹⁸ None of the income from these taxes currently is used for tobacco prevention programs, although nearly half of the dollars fund other health-related and Medicaid programs, such as the Children's Health Insurance Plan (CHIP), the prescription drug program, and mental health services.

“The people of Montana called for the tobacco settlement to be dedicated to preventing and treating this addiction. The Montana Tobacco Use Prevention Program continues to provide a scientifically based answer to the expressed will of the voters.”

Richard P. Sargent, MD, Vice Chair, Montana Tobacco Prevention Advisory Board

Keeping Kids Tobacco-Free



Stopping Addiction Begins with Montana's Youth

A critical MTUPP goal is to prevent youth from starting any type of tobacco use. The reasons are straightforward:

- ♦ *Ninety percent of those who become adult smokers begin as teenagers or earlier, and nearly two-thirds become regular, daily smokers before they reach the age of eighteen.*^{12,19}
- ♦ *More than one-quarter (28 percent) of Montana high school seniors are smokers by the time they graduate, and 27 percent of senior boys are spit tobacco users.*^{2,13}
- ♦ *Seventy-three percent of Montana kids say it would be easy to get cigarettes, and of those who are smokers, more than one-third (35 percent) report they illegally buy cigarettes for themselves.*²
- ♦ *The use of spit tobacco among Montana youth has not declined since 2000.*²

Protecting Youth

MTUPP focuses on youth through its community-based programs. Local tobacco prevention specialists develop youth coalitions and help them teach their peers about how tobacco industry marketing targets them. During FY 2006, local specialists also have worked extensively with students on implementing the tobacco-free schools portion of the Montana Clean Indoor Air Act.

Other statewide programs funded by MTUPP have reached youth in a variety of settings:

- ♦ *The Office of Public Instruction implemented a Tobacco Prevention and Education Program in Montana schools.*
- ♦ *DPHHS Addictive and Mental Disorders Division provided media literacy programs and anti-tobacco advertising programs to youth in seventeen counties.*
- ♦ *Big Brothers Big Sisters of Montana increased their adult volunteers and provided tobacco prevention education and training to their staff, volunteers, and youth clients.*

Montana Teens Take a Stand

reACT! Against Corporate Tobacco is Montana's teen-led movement against tobacco industry marketing that targets youth. Designed for youth aged 13 to 18, *reACT* takes an approach similar to the critically acclaimed **truth**[®] campaign in recognizing the power of young people to fight the tobacco industry. *reACT* teaches participants media literacy, providing them with skills to analyze, interpret, and resist tobacco advertising. *reACT* is led by nineteen teens from across Montana who serve on the Teen Leadership Team. They help develop program activities and serve as local ambassadors for *reACT* and MTUPP. One hundred forty Montana teens attended *reACT*'s inaugural teen summit, held in Bozeman in June 2006.



Teens strategize and team-build before hitting the streets in Bozeman (reACT Teen Summit).

Teens involved in *reACT* counter tobacco industry messages and help prevent tobacco addiction by:

- ♦ *creating media*
- ♦ *organizing events*
- ♦ *spreading messages to their peers*

"I feel really strongly about tobacco addiction in Montana, and reACT connects teens like me from across the state who want to take action in our communities."

Danica Loucks, (Hamilton, Montana), reACT Member

Truth vs. Illusion

In FY 2006, MTUPP spent \$1.2 million to counter tobacco industry advertising, using aggressive public outreach and paid advertising. In comparison, the tobacco industry annually spends an estimated \$50 million marketing tobacco in Montana.²⁰ Studies have confirmed that youth exposed to marketing that counters tobacco industry messages are less likely to smoke, and they are more likely to recognize that smoking is addictive and harmful.²¹

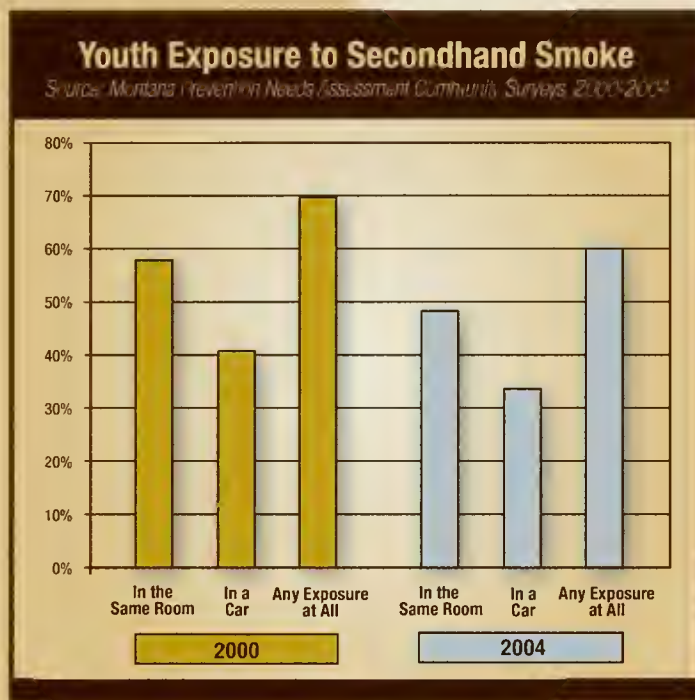
Young Adults (Aged 18-24)

Young adults, aged 18 to 24, have higher rates of tobacco use than other age groups, for example 31 percent smoke cigarettes.⁹ MTUPP contracted with the Denver-based BACCHUS Network to launch campuswide activities for young adults at the University of Montana – Missoula, Salish Kootenai College in Pablo, and Montana State University – Bozeman. Campus tobacco task forces implemented prevention activities, raised awareness of tobacco addiction and the danger of secondhand smoke, assessed policies, and made recommendations for improvements. In addition, participants collected baseline data on student tobacco use, attitudes, and campus tobacco control policies.

Youth Tobacco Use and Secondhand Smoke Exposure Declining

Youth Smoking Rates Are Declining

Smoking rates for all youth are down significantly – dropping by nearly one-third, from 27 percent in 2000 to 19 percent in 2004.² However, youth spit tobacco use has not significantly declined.²



Exposure to Secondhand Tobacco Smoke Is Declining

Sixty percent of Montana youth were exposed to secondhand tobacco smoke in 2004, down from 70 percent in 2000.² These exposure rates are unacceptable, as any exposure to secondhand smoke risks children's health.

Higher Tobacco Taxes Keep Youth from Starting

Higher cigarette taxes reduce smoking among youth, as well as adults. Research in other states has shown that every 10 percent increase in the price of cigarettes reduces youth smoking by about 7 percent and overall cigarette consumption by about 4 percent.²² Montanans can expect the combination of higher tobacco taxes and MTUPP youth programming to reduce youth cigarette smoking.

What It Means to Be a Tobacco-Free School

- ♦ Montana's statewide tobacco-free school law, passed as part of the 2005 Clean Indoor Air Act, prohibits anyone from using any tobacco products in a public school building or on any public school property at any time.
- ♦ The prohibition applies not only to students, faculty, and administrators, but to anyone who visits a school building or is on school property, including school buses.
- ♦ School principals (or their designees) have the authority to enforce this law.

Photo: Park County Tobacco Use Prevention Program



Montana's Community & Tribal

Montana Communities: A Key to Success

In FY 06, MTUPP contracted with fifty-four tobacco prevention specialists in forty-one counties, on seven Native American reservations and among the Little Shell tribe, and at four urban Indian centers to teach Montanans about the dangers of tobacco and to help those who are addicted to quit. Funding levels among the counties and tribal programs ranged from \$25,000 to \$80,000, depending on the size of the population served.

Three goals of community-based programs are to:

1. *Support tobacco use prevention and cessation;*
2. *Create conditions where tobacco-free environments are the norm; and*
3. *Increase public awareness of the economic and health advantages of stopping tobacco addiction.*

These pages provide examples of how ongoing tobacco use prevention initiatives are critical to promoting health and tobacco awareness in Montana communities.

"MTUPP's community-based programs form the backbone of tobacco prevention work in Montana. We simply could not achieve our goals without them."

Linda Lee, Section Supervisor, MTUPP



Protecting Women's Health

Pregnant women who smoke risk their own health and that of the infants they carry. In Flathead County, the Women, Infants, and Children Program (WIC), the Initiative for the Abatement of Mortality in Infants (MIAMI), and local reproductive health programs collaborated with the local tobacco use prevention specialist to educate 150 women of childbearing age and help them quit smoking.



Making Montana Smokefree

MTUPP coordinated statewide implementation of Montana's Clean Indoor Air Act. Lake County tobacco use prevention specialists surveyed restaurant and bar owners about their familiarity with the new law, their current tobacco policies, their perceived difficulties of complying with the law, and concerns they had. The specialists sent educational materials about the law to 800 area businesses and residences. In addition, specialists joined with the Environmental Health Department and Lake County Law Enforcement to host two public forums attended by about 40 people, to answer questions and concerns about compliance and enforcement.



Keeping Kids Tobacco-Free

In Missoula County, annual Youth Risk Behavior Survey data revealed 8th grade students have reduced their tobacco use by 70 percent. Missoula County youth coalition members representing a girl scout troupe performed the interactive play, *Ms. Butts on Trial*, in local middle school classrooms as one method to educate youth about tobacco industry tactics.

**SMOKE
FREE
is the
WAY
TO BE!**



Artwork by: Calvin Anderson
Sleeping Giant Middle School, Grade 7

Sponsored by:



Tobacco: Telling It Like It Is

Local tobacco use prevention specialists work throughout Montana communities and other advertising that promote tobacco-free communities. In many places involved. Students in 7th and 8th grade art classes at Livingston's Sleeping Giant Middle School annually create billboards promoting a tobacco-free lifestyle. This year's theme was smokefree places. Two winning billboards were on display in Livingston during the summer.

Sleeping Giant Middle School 7th grader Calvin Anderson was one of two winning students promoting a smokefree lifestyle hung much of the summer in Livingston.

Local Tobacco Prevention Programs

Keeping Kids Tobacco-Free

One of MTUPP's primary roles is preventing Montana youth from starting to use tobacco. Local youth programming includes youth education, comprehensive tobacco-free school policies, youth advocacy, and helping shape community attitudes about tobacco. In Fergus County, the Central Montana Tobacco Use Prevention Program joined with local youth to celebrate World No Tobacco Day 2006. The event raised awareness about the wide variety of deadly tobacco products.

PHOTO: Lewistown youth create a sidewalk warning, outlining a "tobacco corpse," with Central Montana Tobacco Use Prevention Specialist Gena Baker, LPN, as their model. PHOTO CREDIT: Annette Hayden

Stopping Spit Tobacco

MTUPP is getting the message out across Montana: Spit tobacco is deadly. Daniels, Roosevelt, and Sheridan County visitors to the Wolf Point Wild Horse Stampede and area county fairs received packets emblazoned with advice: "Enjoy the Outdoors...Save your face...Skip the chew." The packets contained sunscreen, aloe vera, and a business card from the Montana Tobacco Quit Line, reminding people that help is available to help them quit spit tobacco. The Tobacco Prevention Coalition of Northeast Montana and several area businesses purchased and distributed nearly 550 packets.

Respecting Native American Tradition

MTUPPP serves Montana's Native American population, who disproportionately bear the burden of death and disease caused by tobacco addiction. During a traditional celebration at the Ft. Peck Reservation, more than 300 participants received information about ceremonial tobacco and about the dangers of becoming addicted to commercial tobacco, like cigarettes and spit tobacco.

Stopping Spit Tobacco

The Custer County tobacco use prevention specialist provided Quit Spit Kits to juvenile probation officers to distribute to boys at the Pine Hills Youth Correctional Facility. The kits were so popular and effective, the facility is now working with the specialist to develop additional resources to prevent youth from starting to use spit tobacco and to help users quit.

Clean Indoor Air

Local tobacco use prevention specialists work in communities across Montana with tobacco prevention coalitions to stop tobacco addiction. They not only involve health departments and local healthcare providers, but thousands of local businesses as well. The local tobacco use prevention specialist in Yellowstone County visited more than 100 local businesses providing information about compliance with the Clean Indoor Air Act, and providing certificates of appreciation to bar owners who provide smokefree environments for their employees and customers.

Tobacco-Free Hospitals

The local tobacco use prevention specialist helped Livingston HealthCare develop a tobacco-free campus policy, modeled after a similar one that had already been in place at Billings Clinic.

For your health...
Our campus is
Tobacco Free



Montana Areas Served



Montana Areas Not Served



Reservations/Urban Centers Served



Local tobacco use prevention programs serve more than 90 percent of Montanans.

Eliminating Secondhand Smoke

MONTANA'S CLEAN INDOOR AIR ACT

Promoting Clean, Smokefree Air for ALL

When the Montana Legislature passed the 2005 Clean Indoor Air Act, the Montana Tobacco Use Prevention Program became responsible for coordinating implementation of the law. The act protects public health by prohibiting smoking in most enclosed public places and prohibiting the use of tobacco products on public school property. MTUPP's role has included:

- ♦ *educating the public and business owners about the law*
- ♦ *coordinating Department of Justice plans for completing compliance inspections*
- ♦ *assisting local communities with implementation and enforcement*
- ♦ *working with local health departments to develop processes for handling complaints*
- ♦ *providing free educational materials and signage for use statewide*
- ♦ *operating a toll-free hotline for Montanans who have questions about the law*

Some bars and casinos will allow smoking until October 1, 2009, when they are required to go smokefree. Still, they must keep minors out of designated smoking areas, prevent smoke from drifting into nonsmoking areas, and post signage.

Secondhand Tobacco Smoke Kills

No Safe Level of Exposure

Secondhand tobacco smoke is a deadly mixture emitted from burning tobacco and exhaled smoke. It contains some 4,000 chemicals, more than fifty of which are carcinogens. Scientists estimate that thousands of Americans die each year from diseases caused by breathing secondhand tobacco smoke. A 2006 U.S. Surgeon General report concludes there is no risk-free level of secondhand smoke exposure and the only way to protect the public is to eliminate exposure.²³



Many Montana bartenders and casino employees already work in smokefree environments; some will continue to be exposed to secondhand smoke until October 1, 2009.

Health Risks Continue in Some Locations

While Montana's 2005 Clean Indoor Air Act is a good start at protecting public health, many Montanans continue to be exposed to secondhand smoke. These include:

- ♦ *some bar and casino employees (until October 1, 2009)*
- ♦ *anyone in an outdoor setting where smoking is permitted*
- ♦ *those living in apartments or condos whose neighbors smoke*
- ♦ *Native Americans on some reservations, where the Montana Clean Indoor Air Act does not apply*

Besides protecting public health, Montana's smokefree law provides other benefits:

- ♦ *encourages smokers to quit*
- ♦ *increases the number of successful quit attempts*
- ♦ *reduces the number of cigarettes smokers consume*
- ♦ *prevents kids from ever starting to use tobacco*

*"The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard."*²³

Richard H. Carmona, MD, MPH, FACS, U.S. Surgeon General (2002-06)

Montanans Support Smokefree Public Places

Polls taken in Montana and other states reveal strong support for smoke-free policies. More than 80 percent of Montanans believe that public buildings, shopping malls, and indoor sporting events and concerts should be smokefree⁹, not surprising since four out of five Montanans do not smoke.

Montana is one of seventeen states (as well as Washington, D.C., and Puerto Rico) that have passed comprehensive smokefree laws. More than half of the Canadian provinces have smokefree laws, as do at least eight nations.



More than 80%
of Montanans Support
Smokefree Public Places

The Scientific Evidence Is Indisputable

- ♦ Secondhand smoke causes lung cancer and heart disease.
- ♦ Secondhand smoke causes sudden infant death syndrome (SIDS), low birth weight, acute respiratory infections, ear infections, and asthma attacks in infants and children.
- ♦ Secondhand smoke causes tens of thousands of U.S. deaths annually.
- ♦ People with heart disease are at greater risk of heart attack after just thirty minutes of exposure to secondhand smoke.
- ♦ Neither indoor air ventilation systems nor nonsmoking sections in restaurants eliminate exposure to secondhand smoke.²³

IT WAS THE RIGHT THING TO DO.

I MADE MY BAR SMOKEFREE WELL AHEAD OF THE 2009 DEADLINE FOR A NUMBER OF REASONS:

- ♦ MY CUSTOMERS' HEALTH.
- ♦ MY EMPLOYEES' HEALTH.
- ♦ MY OWN HEALTH.
- ♦ THE HEALTH OF MY BUSINESS.

LESS THAN 20% OF MONTANANS SMOKE, PUTTING THE OTHER 80% AT SEVERE RISK BECAUSE SECONDHAND SMOKE IS DEADLY TO EVERYONE, SMOKER OR NOT.

GOING SMOKEFREE JUST MAKES SENSE.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



Ending Tobacco Addiction

The Montana Tobacco Quit Line

Helping Montanans end their tobacco use is a priority for Montana's tobacco prevention program. Since May 2004, MTUPP has contracted with Colorado's National Jewish Medical and Research Center to implement the Montana Tobacco Quit Line. The Montana Tobacco Quit Line is free and available by calling a toll-free number (866-485-7848). Services include:

- ♦ a four-week supply of nicotine replacement therapy
- ♦ personalized guidance from quit specialists who help each caller develop a quit plan
- ♦ five calls with a specialist to guide the caller through the quitting process
- ♦ a self-help tobacco cessation guide

The Montana Tobacco Quit Line served 4,786 Montanans during FY 2006. While it is difficult to estimate healthcare dollars saved, the Tobacco Information and Prevention Source (TIPS), a division of the National Center for Chronic Disease Prevention and Health Promotion, estimates the total economic cost of smoking to be \$3,391 per smoker per year. This estimate includes higher medical costs, productivity losses, and absenteeism.

Montana's Quit Line Helps Spit Tobacco Users Quit

Montana's Tobacco Quit Line includes cessation counseling specific for spit tobacco users. Over the past two years, just 5 percent of callers have been spit tobacco users. MTUPP will seek to increase awareness of this free helpline to reduce spit tobacco use statewide.

BENEFITS OF QUITTING

1 DAY

Decreased chance of heart attack

2 DAYS

Improved sense of smell and taste

2 WEEKS TO 3 MONTHS

Improved circulation and increased lung function

1 TO 9 MONTHS

Decreased coughing, sinus congestion, fatigue, and shortness of breath

5 YEARS

Risk of stroke is reduced to the same level as for a nontobacco user

15 YEARS

Risk of developing coronary heart disease is roughly equivalent to someone who has never used tobacco

MONTANA TOBACCO

QUIT *LINE*
866-485-QUIT (7848)



Working with Montana Physicians

In FY 2006 MTUPP launched physician-to-physician continuing medical education to healthcare providers across Montana, to increase patient referrals to the Quit Line. Thirty-nine Montana primary care practices participated, including clinics, hospitals, and doctors' offices.

Research shows that individuals are likely to follow their physicians' advice to stop using tobacco.²⁴ However, less than one-third of Montana tobacco users report that a healthcare professional has advised them to quit using tobacco or provided a referral to the Montana Tobacco Quit Line.⁹ MTUPP is currently tracking physician referral data to determine the effectiveness of its outreach effort.

"Montana's Tobacco Quit Line success rate is among the highest in the nation."

Dave Bellamy, Director, Clinical Telecommunications Center, National Jewish Medical and Research Center

Average Quit Line Callers

The Montana Tobacco Quit Line is available to all Montanans who want to be free from tobacco addiction. Since beginning in May 2004, the Quit Line has helped Montanans from each of the state's fifty-six counties.

Length of Time as a Smoker



Tried to Quit Before



Age of Callers



Montanans Want to Quit

About two-thirds of Montana smokers (61 percent) and one-half (47 percent) of spit tobacco users report they plan to quit within the next six months. About one-half of adult smokers and one-third of spit tobacco users say they have tried to quit in the past year.⁹

Telephone-based counseling like the Montana Tobacco Quit Line works. According to the National Jewish Medical and Research Center, Montana's success rate is among the highest nationwide.

- ♦ Thirty-one percent of Montana Tobacco Quit Line participants who received counseling and nicotine replacement therapy reported they were tobacco-free six months after completing the program.
- ♦ Quit rates of 3-5 percent are normal for those who attempt to quit on their own.²⁵



Specialists help Montana Tobacco Quit Line callers develop a quit plan.

Public Education and Community Quit Line Promotion

MTUPP's comprehensive, statewide campaign includes a number of marketing activities and products such as brochures, fact sheets, posters, flyers, and radio and television advertising. MTUPP provides these tools to local tobacco prevention specialists in communities across Montana. Consequently, Montana Tobacco Quit Line callers hail from all of Montana's fifty-six counties.

Increasing participation in Montana's free Tobacco Quit Line is an important component of the community tobacco prevention programs funded through MTUPP. These programs work to reach priority populations, such as those:

- ♦ with higher tobacco use rates
- ♦ with more tobacco-related diseases and less access to treatments
- ♦ who are specifically and disproportionately targeted by tobacco industry advertising
- ♦ who are less aware of the risks associated with tobacco use and who feel tobacco use is socially acceptable

**FREE SERVICE
MONTANA TOBACCO QUIT LINE
1-866-485-QUIT (7848)**

Most tobacco users
REGRET
the day they started.

1-866-485-QUIT (7848)

**NOBODY
REGRETS**
the day they stopped.

Eliminating Disparities



Tobacco addiction takes its toll on certain populations more so than on others. MTUPP is developing special programs for women of childbearing age, Native Americans, low-income residents, and spit tobacco users.

Smoking and Women

Tobacco addiction is devastating to women's health and to the babies pregnant women carry. Few Montana women (<1 percent) use spit tobacco, but 18 percent are smokers.⁹ Just 45 percent say they know that secondhand smoke causes sudden infant death syndrome (SIDS).⁹ Therefore, MTUPP community-based programs focus education and outreach efforts toward women of childbearing age, particularly by promoting smoking cessation.

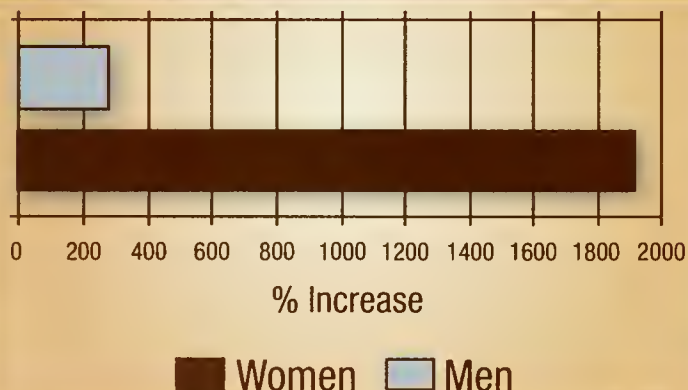
Lung Cancer and Women

In Montana, lung cancer kills more women than breast cancer. Lung cancer first surpassed breast cancer as the leading cause of cancer deaths of Montana women in 1984. Deaths caused by lung cancer among Montana women are epidemic, increasing by nearly 2,000 percent over the past fifty years.²⁶

Pregnancy and Smoking

In 2002, 19 percent of all women delivering babies in Montana smoked tobacco during their pregnancies.⁶ Babies born to women who smoke during pregnancy are more likely to have complications at birth: prematurity, lower birth weights, an increased risk of SIDS, and respiratory distress. The additional healthcare costs in the United States associated with complicated births caused by pregnant women smoking or being exposed to secondhand smoke range as high as \$2 billion per year.²⁷

% Increase in Annual Lung Cancer Deaths:
Women vs. Men, 1954-2004, Montana Vital Records





Commercial Tobacco Is Not Sacred Tobacco

Approximately 60,000 Native Americans live in Montana.²⁸ Tobacco has always been important in traditional Native American life. However, Native American ceremonial tobacco use is far different from the everyday abuse of commercially prepared tobacco products. Taking guidance from the Native American Tobacco Workgroup, MTUPP is developing culturally appropriate initiatives for Montana Native American communities.

Native Americans Carry Heavier Burden of Tobacco Death and Disease

Montana's Native American population uses commercial tobacco products like spit tobacco and cigarettes at higher rates than the Montana population as a whole.^{8,9} The tobacco industry encourages these high rates by funding Native American cultural events like powwows and rodeos, and by using Native American cultural symbols and designs in advertisements.



Recent surveys indicate that 32 percent of Montana Native Americans smoke, nearly twice the rate of Montanans overall.⁸ Tobacco-related diseases disproportionately harm Montana's Native Americans. On average, three out of five Native American smokers die from tobacco-related diseases, making the death rate among Native Americans caused by tobacco addiction about twice that of the U.S. population as a whole.²⁹

Montana's Low-Income Residents

Montana's low-income residents are more likely than the population as a whole to be smokers.⁹ In addition, fewer Montanans who live in households below the median statewide income understand that secondhand smoke can cause SIDS.⁹ MTUPP is working with the Centers for Disease Control to reduce tobacco use among this segment of our population.

Tobacco Prevention Programs for Montana Native Americans

- ♦ *Blackfeet Reservation, Blackfeet Nation Tribal Health Board (Browning)*
- ♦ *Crow Reservation, Crow Tribal Council (Crow Agency)*
- ♦ *Fort Belknap Reservation, Fort Belknap Community Council (Harlem)*
- ♦ *Fort Peck Reservation, Fort Peck Tribes (Poplar)*
- ♦ *Little Shell Tribe of Chippewa Indians of Montana (Great Falls)*
- ♦ *Northern Cheyenne Reservation, Northern Cheyenne Tribal Council (Lame Deer)*
- ♦ *Rocky Boy Reservation, Rocky Boy Health Board (Box Elder)*
- ♦ *Flathead Reservation, Confederated Salish and Kootenai Tribes of the Flathead Nation (Pablo)*

Urban Indian Programs:

- ♦ *Indian Family Health Clinic (Great Falls)*
- ♦ *Helena Indian Alliance*
- ♦ *Missoula Indian Center*
- ♦ *Billings Area Indian Community*

"Pregnant women who smoke risk their own and their children's health, before and after birth. Smoking is a major cause of health complications in newborn children, such as sudden infant death syndrome, low birth weight, and other life-long problems."

Bette Hall-Munger, Executive Director, Healthy Mothers, Healthy Babies - The Montana Coalition

An Emerging Health Threat

Spit Tobacco Is Dangerous, and Not a Safe Alternative to Cigarettes.

In Montana, spit tobacco promotions frequently occur at rodeos and county, regional, and statewide fairs, as well as motor sport competitions – events that typically attract boys. These promotions occur even though the majority (65 percent) of Montanans believe tobacco companies should not be permitted to sponsor sporting events and concerts.⁹

A recent survey of Montana high school students revealed that fewer than half (45 percent) believe that people using spit tobacco incur great risk, when just the opposite is true.² Spit tobacco causes oral, esophageal, and stomach cancers, as well as a number of tooth and gum diseases. Spit tobacco users become addicted to nicotine, and new evidence proves that spit tobacco use leads to smoking.³⁰



Community Action to Reduce Spit Tobacco Use

In FY 2006, communities across Montana participated in a spit tobacco education campaign called Through with Chew Week. This campaign raised awareness about diseases caused by spit tobacco and encouraged users to quit. Local tobacco prevention specialists adapted materials developed by the Wyoming Department of Health Tobacco Prevention Program. These free materials reached:

- ♦ dental and medical providers, who were encouraged to talk with their patients about spit tobacco use, and to promote quitting
- ♦ school-aged youth, who attended presentations by previous spit tobacco users and oral cancer survivors
- ♦ workers who use spit tobacco at high rates, who received educational flyers with their paychecks and information at wellness fairs
- ♦ organizers of local rodeos, skijoring, and motocross competitions, who were informed about spit tobacco dangers and spit tobacco sponsorship

In several communities, county commissioners passed a proclamation declaring a local Through with Chew Week. Local tobacco prevention specialists produced print advertisements, billboards, radio, and newsletter articles to get out the message.

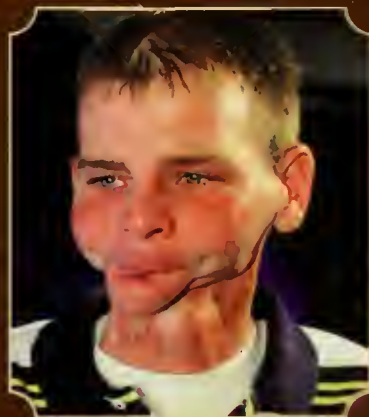
Spit Tobacco Challenge

MTUPP treats spit tobacco users as a population of special concern. Fifteen percent of Montana boys use spit tobacco² compared with 10 percent of all high school boys nationwide.³² Likewise, 13 percent of Montana's adult men are spit tobacco users⁹, compared with 6 percent of adult men nationwide.³²

Smokeless Does Not Mean Harmless

- ♦ Spit tobacco contains carcinogenic chemicals called nitrosamines, as well as arsenic and lead, both of which cause health problems when consumed.³¹
- ♦ Spit tobacco contains nicotine, a highly addictive chemical.³⁷
- ♦ Spit tobacco products vary. Many have added sweeteners that are attractive to young users. Beginning users usually graduate to products containing more nicotine after becoming regular users.²³

Gruen Von Behrens, 25, former spit tobacco user and oral cancer survivor, endured 30 disfiguring surgeries to save his life. He frequently speaks out against spit tobacco.



Measuring Program Progress

MTUPP evaluates its work in two ways, looking at program effectiveness as well as health outcomes that measure statewide tobacco use and other factors. Community-based tobacco prevention specialists complete quarterly reports, describing their outreach activities and any barriers to success. In addition, these specialists complete biannual Community Profiles, which illuminate short-term changes as they occur at the community level.

Health Outcomes Evaluation

MTUPP conducts comprehensive program surveillance, assessment, and evaluation. The program relies upon a number of data sources to determine the status of tobacco use and its health effects in Montana. In FY 2006, MTUPP has used the following data sources to measure overall program success rates:

- *The Montana Adult Tobacco Survey and Prevention Needs Assessment, to track tobacco use among adults and youth*
- *Vital Records and Statistics data, to monitor changes in the number of deaths as a result of tobacco-related diseases*
- *Smoking Attributable Morbidity and Mortality Economic Costs data, to provide estimates of the true costs of tobacco addiction in terms of dollars, disease, and deaths*
- *Montana Central Tumor Registry, to assess the incidence of tobacco-related cancers*
- *Tobacco Sales-Taxation data, to monitor tobacco consumption patterns*
- *Statewide Tobacco Quit Line data, to monitor physician referrals and the effectiveness of marketing campaigns*



Plentywood youth prevention advocates in Homecoming Parade

Looking to the Future

In FY 2007, the Montana Tobacco Use Prevention Program will build on the foundation of new initiatives started in the past year. Objectives include:

- *increasing the number of teens involved in peer education to help reduce the number of Montana youth who begin using tobacco;*
- *implementing programs at a fourth university (Montana State University-Billings) to continue to address high rates of tobacco use among the 18-to 24-year-olds;*
- *increasing collaboration between chronic disease programs to extend the reach of tobacco use prevention initiatives;*
- *increasing calls to the Montana Tobacco Quit Line;*
- *launching a strategic initiative against spit tobacco's emerging health threat;*
- *reducing the number of children exposed to secondhand smoke;*
- *implementing new initiatives aimed at further reducing tobacco use among special populations such as pregnant women, low-income residents, and Native Americans.*

Montana's commitment to tobacco use prevention fulfills our obligation to reduce the devastating health consequences tobacco addiction causes, drive down the enormous financial cost to all Montanans, and ultimately create a tobacco-free Montana.

TOBACCO PREVENTION ADVISORY BOARD MEMBERS

Robin Morris, Chair, Morris & Morris, Inc., 2006-07

Richard Sargent, MD, Vice Chair, Family Physician,
St. Peter's Hospital, 2006-07

Sandra Broesder, Pondera County Commissioner,
2006-07

Ashley Buswell, student, Carroll College, 2006-07

Dan Dennehy, Director, Butte Silver-Bow County
Health Department, 2006-07

Sen. John Esp, 2005-06

Sen. Greg Lind, MD, 2006-07

Rep. Dave McAlpin, 2006-07

Lori New Breast, Tobacco Prevention Specialist,
Blackfeet Nation, 2006-07

Rep. Mark Noennig, 2005-06

Sharon Patton-Griffin, PhD., Associate Principal
of North Middle School, Great Falls, 2006-07

Marianne B. Roose, Lincoln County Commissioner,
District 3, 2006-07

Holly Salsbury, Tobacco Prevention Specialist,
Richland County, 2006-07

Tyler Steinebach, student, Superior High School,
2006-07

Deb Tatsey, Health Coordinator, Missoula Indian
Center, 2005-06

Orrin Tiberi, student, University of Montana, 2006-07

Bert Winterholler, MD, DDS, Oral & Maxillofacial
Surgery, PC, 2005-07

2005-2007 EX-OFFICIO MEMBERS

Lee Baerlocher, Bureau Chief, Business Tax, Business &
Income Taxes Division, Montana Department of Revenue

Joan Cassidy, Bureau Chief, Chemical Dependency
Services, Addictive and Mental Disorders Division, DPHHS

Jackie Forba, Bureau Chief, Healthcare Resources
Bureau, Children's Health Insurance Plan (CHIP), DPHHS

Todd Harwell, Bureau Chief, Chronic Disease Prevention
& Health Promotion Bureau, DPHHS

Gallen Hollenbaugh, Deputy Chief of Staff, Attorney
General's Office, Department of Justice

Chris D. Tweeten, Chief Civil Counsel, Civil Services
Bureau, Attorney General's Office, Department of Justice

Cathy Kendall, Administrator, Health Enhancement &
Safety Division, Office of Public Instruction

Erin McGowan, Policy Advisor, State Auditor's Office

Jane Smilie, Administrator, Public Health & Safety
Division, DPHHS

Anna Whiting-Sorrell, Policy Advisor on Families,
Governor's Office

SOURCE LIST: 2006 MTUPP ANNUAL REPORT

(1) Estimate based upon geographic location of community and tribal programs and the census-based population within defined service areas of county health departments, tribal government agencies and community organizations contracted to provide services, 2006.

(2) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program: *Montana Prevention Needs Assessment, Trends in Youth Tobacco Use and Attitudes, 2000-2004*, February 2006.
<http://tobaccofreekids.org/publications/youthtrends20002004.pdf>

(3) National Jewish Medical and Research Center, 2006, Denver.

(4) Estimate based upon 1997-2001 aggregated health and population data, *National Center for Chronic Disease Prevention and Health Promotion, Smoking-Attributable, Mortality, Morbidity and Economic Costs (SAMMEC)*, SOFTWARE, Centers for Disease Control and Prevention, 2004.

(5) Campaign for Tobacco-Free Kids, *Tobacco Industry Continues to Market to Kids*.
<http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=23>

(6) The Tobacco Control Program, *Change in Nicotine Yields 1998-2004*. Ch. 94: section 3078, 105 CMR 660.000, The Tobacco Control Program, Mass. Dept of Public Health.
http://www.mass.gov/dph/mtpc/reports/nicotine_yields_1998_2004_report.pdf

(7) Department of Health and Human Services, *Morbidity and Mortality Weekly Report. Smoking During Pregnancy - United States, 1990-2002*. (MMWR) 53(39): 911-15 (October 8, 2004)
<http://www.cdc.gov/mmwr/PDF/wk/mm5339.pdf>

(8) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program: *The Montana American Indian Behavioral Risk Factor Surveillance System Survey Results About Tobacco 2001, 2003, and 2005*, December 2006.

(9) Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program: *Montana Adult Tobacco Survey, 2005*, August 2006, Available at
<http://tobaccofreekids.org/publications/ats2005finalreport.pdf>

(10) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, *The Health Consequences of Smoking: A Report of the Surgeon General, 2004*.

(11) Montana Vital Records, Montana Department of Public Health and Human Services. *Table D-1: Frequency of Death By Age and Up to 358 Selected Underlying Causes, Montana Residents, 2004*.

(12) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, *Preventing Tobacco Use among Young People: A Report of the Surgeon General, 1994*.

(13) Unpublished data. Montana Tobacco Use Prevention Program, 2006.

(14) The American Lung Association, *State of Tobacco Control: 2005*.
<http://www.lungaction.org/reports/tobacco-control05.html>

(15) Campaign for Tobacco-Free Kids, *State Tobacco Prevention Spending vs. State Tobacco Revenues*.
<http://www.tobaccofreekids.org/reports/settlements/>

(16) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs, August 1999*.

(17) Estimate provided by Montana Department of Revenue, 2005.

(18) Campaign for Tobacco-Free Kids, *State Cigarette Excise Tax Rates and Rankings*.
<http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=18>

(19) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSHA), 2003 *National Survey on Drug Use and Health*, September 2004.

(20) Campaign for Tobacco-Free Kids, *State-Specific Tobacco Company Marketing Expenditures: 1998 to 2003*. <http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=23>

(21) Campaign for Tobacco-Free Kids, *Public Education Campaigns Reduce Tobacco Use*. Document available at
<http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=6>. Revised October 2005.

(22) Campaign for Tobacco-Free Kids, *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (and the Cigarette Companies Know It)*.
<http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=18>

(23) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary, 2006*

(24) U.S. Department of Health and Human Services, U.S. Surgeon General's Office, *The Health Consequences of Smoking: A Report of the Surgeon General, Clinical Practice Guideline, 2004*.

(25) Mayo Clinic Nicotine Dependence Center, 2006. <http://www.mayoclinic.org/ndc/>

(26) Selected analysis of Montana Vital Records and Statistics data, Montana Department of Public Health and Human Services, 2004 *Montana Vital Statistics Report*, "Table D-5, Frequency of Death from Selected Cancers, By Sex of Decedent and Year of Death, Montana Residents, 1954-2004," February 2006.

(27) U.S. Centers for Disease Control and Prevention (CDC), *Medical Care Expenditures Attributable to Cigarette Smoking During Pregnancy - United States, 1995*, MMWR 46(44): 1048-1050 (November 7, 1997).

(28) U.S. Census Tables. Table 4: Estimates of the Population by Race and Hispanic or Latino Origin for the United States and States: July 1, 2005 (SC-EST2005-04); July 2006.

(29) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health *Tobacco Use among U.S. Racial/Ethnic Minority Groups - African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General, 1998*.

(30) Campaign for Tobacco-Free Kids, *Smokeless Tobacco and Kids*. <http://www.tobaccofreekids.org/research/factsheets/pdf/0003.pdf> See also, Tomar, SL. "Snuff Use and Smoking in U.S. Men: Implications for Harm Reduction," *American Journal of Preventive Medicine* 23, no. 3 (2002).

(31) United States Public Health Service, Office of Maternal and Child Health, Bureau of Maternal and Child Health and Resources Development, *The Health Consequences of Using Smokeless Tobacco*, NIH Publication no. 86-2874, April 1986.

(32) Centers for Disease Control, *National Center for Chronic Disease Prevention and Health Promotion, Smokeless Tobacco Fact Sheet*, November 2005. <http://www.cdc.gov/tobacco/factsheets/smokelessfactsheet.htm>. See also, Youth Risk Behavior Surveillance-United States, 2003. CDC Surveillance Summaries 2004; 53(SS-2):1-96. Available at www.cdc.gov/mmwr/PDF/ss/ss5302.pdf

The Montana Department of Public Health and Human Services Tobacco Use Prevention Program is funded through a cooperative agreement with the Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion Programs Cooperative Agreement Number U58/CCU822808-02 and through the Montana State Special Revenue account established as a result of I-149.

The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For more information, call (406) 444-7408 or TDD. 1 (800) 253-4091. Fifteen hundred copies of this public document were published at an estimated cost of \$2.12 per copy for a total cost of \$4,773.33 for printing and \$1,192.50 for distribution.